

UNAIDS chief demands Harper put universal access on G8 agenda during UBC forum

UNAIDS chief Michel Sidibé told a blue-ribbon panel of world health leaders brought together by the BC Centre for Excellence in HIV/AIDS (BC-CfE) that Prime Minister Stephen Harper must put universal access to HIV therapies back on the Group of Eight (G8) agenda.

"As the host, Prime Minister Stephen Harper can set a bold agenda for the summit. The G8 commitment to universal access must be fulfilled," said Sidibé, executive director of the Joint UN Programme on HIV/AIDS (UNAIDS).

"With five people newly infected for every two starting treatment, we have yet to break the trajectory of the epidemic," he said on Friday, February 26 in Vancouver.

"Clearly, the status quo is failing, and nothing less than a quantum leap is needed to build on the progress made so far and to extend hope to millions of people whose lives depend on it."

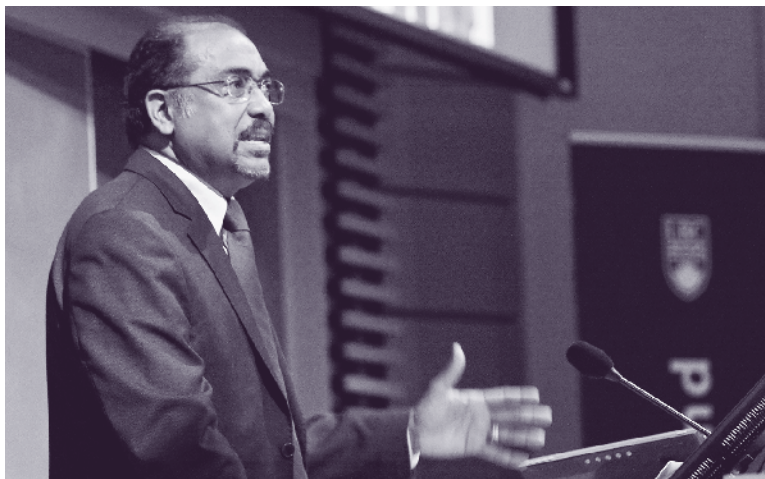
Sidibé's forceful call to Harper and powerful message about the contemporary state of HIV and AIDS treatment came during the Olympic-period event entitled *The Impact of Science & Innovation in the Evolving Global Health Paradigm: HIV and AIDS - A Challenge of Olympic Proportion*.

The daylong forum brought together B.C. political leaders and key international players in HIV research, health, innovation and policy to share new and compelling perspectives on the challenges faced under a shifting global health paradigm.

The Honourable Kevin Falcon, B.C. Minister of Health Services, introduced other members of the B.C. government in attendance: The Honourable Moira Stilwell, Minister of Advanced Education and Labour Market Development; The Honourable Ben Stewart, Minister of Citizens' Services; and MLA Ralph Sultan.

Falcon noted that the government's high-level representation reflects how important combating HIV is to the B.C. government, which recently funded and announced a \$48-million Seek and Treat program under the leadership of the BC-CfE.

The Seek and Treat pilot will expand access to highly active antiretroviral therapy (HAART), the gold standard in HIV and AIDS treatment, among hard-to-reach populations, including sex trade workers and injection drug users in the Downtown Eastside and Prince George.



At the global HIV/AIDS summit in Vancouver, UNAIDS chief Michel Sidibé called upon Prime Minister Stephen Harper to put universal access to HIV treatment, prevention, care and support back on the agenda at the 2010 G8 Summit in Canada.

Dr. Nora Volkow, director of the National Institute on Drug Abuse, National Institutes of Health, and one of the keynote speakers, described her organization's funding of a seek, test and treat program (fashioned on the BC-CfE concept) in the U.S. criminal justice system. She noted that many people who abuse substances and approximately 20 per cent of HIV cases go through the criminal justice system in the U.S. each year.

"At the end of the day if we do not address substance abuse, we will not be able to contain the HIV epidemic globally," she said.

Dr. Julio Montaner, director of the BC-CfE, also a keynote speaker and one of the organizers of the high-profile forum, highlighted the importance of collaborative efforts and the great strides possible in global health when nations work together to halt the progression of HIV and AIDS.

"HIV is a truly global health challenge, and effective implementation and adoption of science, innovation and policy is required to overcome it," he said.

The global summit, at UBC's Life Sciences Building, was co-hosted by Dr. John Hepburn, vice president research & international, UBC, and Karimah Es Sabar, president, LifeSciences British Columbia.

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Speakers at *The Impact of Science & Innovation in the Evolving Global Health Paradigm: HIV and AIDS - A Challenge of Olympic Proportion* included:

- Michel Sidibé, executive director of UNAIDS and Under Secretary-General of the United Nations
- Dr. Daria Hazuda, vice president, Worldwide Discovery Franchise Head, Infectious Diseases, Merck Research Laboratories
- Dr. Stefano Bertozzi, director of HIV, Global Health Program, Bill & Melinda Gates Foundation
- Dr. Nora Volkow, director of the National Institute on Drug Abuse, National Institutes of Health
- Dr. Mark Dybul, co-director of the O'Neill Institute for National and Global Health Law, Georgetown University
- Tommy Sithole, director of International Cooperation & Development, International Olympic Committee
- Patrick Schamasch, director of Medical and Scientific Department, International Olympic Committee
- Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS, president of the International AIDS Society



From left to right: Dr. Julio Montaner with Dr. Nora Volkow, director of the National Institute on Drug Abuse, National Institutes of Health and Dr. Mark Dybul, co-director, O'Neill Institute for National and Global Health Law, Georgetown University

Dr. Evan Wood honoured for groundbreaking work on Insite



Dr. Fiona Godlee (centre), editor-in-chief of the *British Medical Journal* (BMJ) accepted the *Junior Doctor of the Year* award on behalf of Dr. Evan Wood at an event hosted by the BMJ Group in London.

Dr. Evan Wood, a lead researcher at the BC Centre for Excellence in HIV/AIDS (BC-CfE) and co-director of the BC-CfE's Urban Health Research Initiative (UHRI), was recently named *Junior Doctor of the Year* by BMJ Group, publisher of the BMJ (*British Medical Journal*) and one of the world's foremost medical associations.

Dr. Wood was named the recipient of this inaugural award for his exceptional contribution to health care and public policy through his scientific evaluation of Vancouver's Insite, North America's only

supervised injecting facility, and his groundbreaking research in HIV, illicit drugs and addiction issues.

Dr. Fiona Godlee, editor-in-chief of the BMJ said, "Dr. Wood has used the scientific results of his peer-reviewed research to elevate addiction, drug policy and diseases such as HIV to public health issues rather than criminal justice issues."

Dr. Wood, one of the founding principal investigators of Insite, said he was honoured to accept this recognition on behalf of his colleagues at the BC-CfE, the fantastic team of graduate students who work there, and the participants in the research, who give willingly of their time and experiences.

Dr. Julio Montaner, director of the BC-CfE, congratulated Dr. Wood on this well-deserved honour. He noted that it was ironic that while Dr. Wood's research into HIV prevention strategies for injection drug users has received international recognition and his evidence-based evaluation of Insite points to the unique facility's many benefits, Stephen Harper's government recently decided to contest the BC Court of Appeal's ruling in favour of Insite.

BMJ's *Junior Doctor of the Year* award is given to a physician who is early in their career and has done the most to improve the world we live in or inspire others.



HIV drug resistance: studies in B.C. and San Francisco report opposite results

Richard Harrigan, Vikram Gill, Viviane Lima, Wen Zhang, Brian Wynhoven, Benita Yip, Robert Hogg, Julio Montaner

In a decade-long study conducted by the BC Centre for Excellence in HIV/AIDS (BC-CfE), researchers have found a 12-fold decrease in the number of new cases of HIV patients who developed resistance to treatment between 1996 and 2008.

"This is good news, with big implications," Dr. Richard Harrigan, lead author of the

study told *The Vancouver Sun*. He attributed the decline in new cases to steady improvements over the years in highly active antiretroviral therapy (HAART), which was pioneered by the BC-CfE and is today the internationally recognized gold standard treatment for HIV.

"HAART is becoming more successful every year in keeping the level of virus in patients below the level we can even detect," said Dr. Harrigan.

The study involved 5,500 participants and found that resistance fell dramatically from a high of 571 in 1996 to 71 in 2008, despite increased exposure to HAART.

Dr. Harrigan argued that the tremendous success of HIV treatment over the years, as indicated by this latest study, builds a strong case for further expansion of HAART because it not only benefits the individual, but also the community. When an HIV-positive individual is treated with HAART, that person becomes dramatically less likely to infect others.

However, in stark contrast to the B.C. study, a mathematical model by researchers at the University of California has predicted a "wave" of drug-resistant HIV in San Francisco. The findings published in January's online edition of *Science*, revealed that 60 per cent of the HIV drug-resistant strains currently circulating in the city

could potentially lead to self-sustaining epidemics if each infected individual transmitted the virus to more than one additional person.

Researchers of the B.C. study think that widespread access to free HIV medications in B.C. has played a significant role in the decrease of drug resistance among patients in Vancouver. The B.C. government recently committed to fund a \$48-million Seek and Treat pilot project that will expand access to HAART to the under-served population in Vancouver's Downtown Eastside and Prince George.

(Clinical Infectious Diseases)

HAART beats

HAART effective for marginalized populations such as injection drug users

Expanded coverage of highly active antiretroviral therapy (HAART) was associated with a 50 per cent decrease in new yearly HIV infections among injection drug users. This was the result of a comprehensive population-based study, conducted by the BC Centre for Excellence in HIV/AIDS (BC-CfE) and recently presented at the 17th Conference on Retroviruses and Opportunistic Infections in San Francisco.

The study also showed that increased HAART coverage led to a decrease in the community HIV plasma viral load in B.C., thus realizing HAART's secondary benefit of HIV prevention among drug users.

"Our results collected over the last decade demonstrate that high levels of sustained viral suppression can be achieved and the emergence of drug-resistant HIV can be prevented through the appropriate use of modern

antiretroviral regimens as currently recommended by the World Health Organization (WHO) coupled with adequate patient support," said Dr. Julio Montaner, director of the BC-CfE. "These lessons are keys to the roll out of HAART around the world."

Globally, drug users have been less likely to be prescribed HAART because many researchers and clinicians have argued that social instability related to illicit drug use can compromise HAART-related benefits. This has often meant worse health outcomes for drug users, including higher rates of HIV disease progression to AIDS and death.

But the results of this study point to the effectiveness of HAART in providing life-saving benefits to all HIV-infected people, including at-risk populations such as injection drug users.

COMMUNITY PROFILE

Province's physician advisor helps improve health outcomes for B.C. Aboriginals



Dr. Evan Adams

As British Columbia's Aboriginal health physician advisor, Dr. Evan Adams works with the provincial government and the First Nations Health Council to identify and overcome gaps in health outcomes and services for Aboriginals.

And few gaps are more significant than the staggering disparity in HIV-related outcomes between Aboriginals and non-Aboriginals. While Aboriginals make up 3.8 per cent of the Canadian population, they represent nearly 25 per cent of new HIV infections annually. Similarly, Aboriginals are significantly underrepresented in treatment and care. BC-CfE research has shown that Aboriginals who are medically eligible for treatment are half as likely to access life-saving highly active antiretroviral therapy (HAART) as non-Aboriginals.

"For the general population, HIV-related mortality is going down because of better care, particularly HAART," Adams said. "But for First Nations populations, our HIV-related mortality is going up, even with HAART. So there are barriers to care, obviously, that need to be countered."

Among under-serviced, hard-to-reach populations, such as those in Vancouver's Downtown Eastside and Prince George, these barriers include addiction, psychiatric issues, and complex social factors that affect health care engagement.

Adams highlighted the need for multi-faceted approaches such as the BC-CfE's Seek and Treat pilot program if efforts to overcome these barriers are to be successful. Social support, counselling, and addiction treatment must supplement medical services to optimize treatment uptake.

Adams also stressed the importance of providing care in a culturally sensitive and appropriate manner. For many Aboriginals who have suffered from abuse and historical traumas, the building of trust with health care providers is a necessary precursor to treatment.

"Every client is deserving of respect and dignity in their interactions with us," said Adams.

> Quick Facts about Dr. Evan Adams

- B.C.'s Aboriginal health physician advisor since 2007
- Former president of Healing Our Spirit BC Aboriginal HIV/AIDS Society
- In addition to his medical work, Dr. Adams has enjoyed a successful acting career, including major roles in *Smoke Signals*, *The Business of Fancydancing*, and *Da Vinci's City Hall*

BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

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